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CPHQ Exam Outline

Content Categories	Scored Questions
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Time limit: 3 hours

Total questions: 140

Question format: Multiple-choice

Delivery format: Computer-delivered

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NAHQ Certified Professional in Healthcare Quality Examination Sample Questions (Q423-Q428):

NEW QUESTION # 423
A hospital quality team notices there is an increased number of falls in the inpatient stroke unit. Which of the following is the best method to analyze the issue?

- A. fishbone diagram
- B. process map
- C. brainstorming
- D. failure mode and effects analysis (FMEA)

Answer: A

Explanation:
To analyze an increase in patient falls, a fishbone diagram (cause-and-effect diagram) is the best method for root cause analysis, as per NAHQ CPHQ study materials. It organizes potential causes into categories, enabling systematic identification of factors like staffing or environmental hazards. FMEA (B) is proactive, brainstorming (C) lacks structure, and process maps (D) outline workflows but are less suited for cause analysis.
NAHQ CPHQ Study Guide, Patient Safety Section, "Root Cause Analysis Tools"; NAHQ CPHQ Practice Questions, Patient Safety Analysis Techniques.

NEW QUESTION # 424
Accountability for quality ultimately rests with the

- A. department leader.
- B. governing body.
- C. CEO.
- D. quality manager.

Answer: B

Explanation:
* Accountability for quality ultimately rests with the governing body of a health care organization, such as the board of directors or trustees. The governing body is responsible for setting the vision, mission, values, and strategic goals of the organization, as well as overseeing its performance, compliance, and risk management. The governing body also appoints, evaluates, and supports the CEO, who is accountable to the governing body for implementing the organization's strategy and ensuring quality and safety throughout the organization.
* The quality manager, the CEO, and the department leader are all important roles in ensuring quality within their respective scopes of authority and responsibility, but they are not the ultimate source of accountability for quality. The quality manager is responsible for designing, coordinating, and evaluating quality improvement initiatives, as well as providing education, training, and support to staff and leaders on quality methods and tools. The CEO is responsible for providing leadership, direction, and oversight to the organization's operations, finances, and culture, as well as ensuring alignment and integration of quality across all functions and levels. The department leader is responsible for managing the daily activities, resources, and performance of a specific unit or service, as well as ensuring compliance with quality standards and policies within their area of responsibility.
* However, none of these roles can ensure quality without the support, guidance, and accountability of the governing body, which has the ultimate authority and responsibility for the organization's quality and safety. The governing body sets the tone and expectations for quality at the top, and holds the CEO and other leaders accountable for delivering quality outcomes and improving quality processes. The governing body also monitors and evaluates the organization's quality performance and improvement efforts, and ensures that the organization has the necessary resources, structures, and systems to support quality. The governing body also ensures that the organization engages with external stakeholders, such as regulators, accreditors, payers, and patients, to demonstrate its commitment and accountability for quality.
References:
NAHQ Code of Ethics, Principle 1: The healthcare quality professional acts as a change agent and leader within the organization and community, promoting a culture of excellence in quality, safety, and performance outcomes.
NAHQ Learning Lab: The Role of the Healthcare Quality Professional in Population Health Management, Module 1: Introduction to

NEW QUESTION # 425

The most effective method of communicating compliance with clinical practice guidelines is to disseminate results to

- A. The site managers
- B. The governing board
- C. Individual providers
- D. Clinical committees

Answer: C

Explanation:
Clinical practice guidelines (CPGs) are evidence-based recommendations to standardize care. Effective communication of compliance ensures that those directly responsible for applying CPGs receive actionable feedback.
Option A (The site managers): Site managers oversee operations but are not typically responsible for implementing CPGs in clinical practice, making them a less effective target for communication.
Option B (Clinical committees): Clinical committees may review CPG compliance, but they are not the primary users of the guidelines, and broad dissemination to committees may delay action.
Option C (The governing board): The governing board oversees strategic direction, not day-to-day clinical practice, so they are not the primary audience for CPG compliance data.
Option D (Individual providers): This is the correct answer. NAHQ CPHQ study materials emphasize that disseminating compliance data directly to providers (e.g., physicians, nurses) who apply CPGs in patient care is most effective, as it enables immediate feedback, accountability, and behavior change.
Reference: NAHQ CPHQ Study Guide, Domain 3: Organizational Leadership, stresses the importance of targeted communication to individual providers to ensure adherence to clinical practice guidelines.

NEW QUESTION # 426

Statistical analysis conducted with control charts is different from what some consider "traditional research" (e.g. hypothesis testing, development of p-values, design of randomized clinic trials).
Traditional research is designed to compare the results at time one (e.g. the cholesterol levels of a group of middle-aged men) with the results at time two (typically months after the initial measure). Research conducted in this manner is referred to as_____.

- A. SPC
- B. Continuous distribution
- C. None of these
- D. Static group comparison

Answer: D

NEW QUESTION # 427

An employee health program includes a pre-employment health assessment for all prospective employees.
The assessment is to be completed, and the results known prior to the assumption of duties. A retrospective study of 200 employees resulted in the information displayed in the following chart:
Review of this information indicates which of the following?

- A. The provider is in significant compliance with the program.
- B. There is no problem since approximately 35% of health assessments are completed within 4 weeks of employment.
- C. Approximately 95% failed to meet the stated objectives.
- D. A significant number of terminations resulted from lack of completion of health assessments.

Answer: C

Explanation:

The data indicates that only a small percentage of employees completed their health assessments within the stipulated time frame prior to or shortly after starting employment. Summing the percentages for timely completion (D, E, F, G, H) gives approximately 31% (3% + 11% + 7% + 6% + 4%), meaning that about 69% did not complete the assessments in time or left before completion (A, B, C categories). Since the program requires assessments to be completed before duties begin, this represents a substantial noncompliance.

This aligns with principles from The Joint Commission's Performance Improvement standards and Occupational Safety and Health Administration (OSHA) guidelines on employee health programs, emphasizing the need for timely completion of pre-employment assessments to ensure workforce safety and regulatory compliance.

* Option A is not directly supported because the data only shows incomplete assessments but does not explicitly link this to terminations.
* Option B is inaccurate as only about 31% met the requirement, not 35%, and compliance is generally expected to be higher.
* Option C is incorrect since compliance is clearly inadequate based on the data.
* Option D correctly reflects the fact that approximately 95% (if including A, B, C categories where assessments are incomplete or delayed) failed to meet the objectives, demonstrating a significant issue with the program's implementation.

References:

The Joint Commission, Comprehensive Accreditation Manual for Hospitals (CAMH), 2024 Edition, Chapter on Performance Improvement OSHA, Occupational Health and Safety Guidelines, 2023 National Institute for Occupational Safety and Health (NIOSH), Employee Health Program Guidelines, 2023

NEW QUESTION # 428

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